

the situation has gradually stabilized in the Kadey department, but remains volatile due to daily insecurity in the northern regions of the Central African Republic.

**Objectives:** With a view to meeting the mental health and psychosocial support needs of the region's population and better integrating refugees into their host communities, it was necessary to obtain a more exhaustive picture of the population's perception of mental health, to understand the mechanisms of psychosocial support at community level and any differences between refugees and the indigenous population.

**Methods:** A mixed methodology with quantitative and qualitative data was chosen for a more detailed analysis. The survey was carried out in two communes in the Kadey department: Kentzou and Kette. The sample was disaggregated to take account of the socio-demographic characteristics and to enable to make comparisons between the situations of host communities, living in refugee sites and outside sites. For quantitative data, 205 the individuals responded to a questionnaire. 12 individual interviews and 12 Focus Group Discussions (involving 60 participants ) guided by semi-structured questions were used to collect qualitative data from key members of the community.

**Results:** Analysis of quantitative and qualitative data has confirmed the successful integration of Central African refugees into the host community. Nevertheless, there is a difference between these two groups in terms of their perception and understanding of the definition of mental health, mental health disorders and treatment options. Thus, there was a clear difference in training and awareness needs between the host and refugee communities.

**Conclusions:** Based on the qualitative and quantitative results of our assessment, a number of recommendations have been drawn up. It would be interesting to find a balance in the definition, attribution of causes and treatment of mental disorders between the traditional, mystical and cultural vision and the psychological and psychiatric one. It would be important to encourage refugee communities to return to some of their traditional practices, and to allow several visions of the human being to coexist between a traditional and a more medical vision.

To address the lack of resources for mental health care in the Kadey area, more training in mental health and psychosocial support is needed for health and social workers in the area.

**Disclosure of Interest:** None Declared

## EPP0162

### Ethnic differences in pathways to obtain care, maintain care and engage to Early Intervention Service in Spain

V. Sanchez-Gistau\*, M. J. Algora, A. Cabezas, M. Sole, P. Miro and C. Saez

early intervention service, University Hospital Institut pere Mata, reus, Spain

\*Corresponding author.

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**Introduction:** Ethnicity and migration have an impact on illness models and consequently how, when and where people seek and obtain care. Early Intervention Psychosis (EIP) teams attend high rates of migrant and ethnic diverse populations but the study of ethnic differences in pathways to obtain and maintain care is still scarce . The most consistent findings are that minorities are less

involved with primary services, have a higher risk of being treated in a coercive way and are at higher risk of early disengagement. Despite the increasing migration rates there has been very little investigation in Spain.

**Objectives:** To investigate ethno-racial differences in pathways to obtain care, adherence and engagement during their first year of follow-up of subjects who start treatment at EIP of Reus, Catalonia, Spain

**Methods: Participants**

This is an observational 12 months follow-up retrospective study including all consecutively subjects with First Episode of Psychosis (FEP) referred to the EIP from January 2015 to January 2019. Visible ethno-racial status was self-reported being grouped as belonging to minority ethno-racial group if they were coded "any other than White regardless of country of origin". 'White' was the majority group

**Study variables:**

At program entry:

Source of referral

At 12- months:

Adherence to the service:

Admissions to in-patient unit

Disengagement

**Results:** 184 FEP subjects (mean age 22.8 years and 66.1% of males) were included. Nearly 31% belonged to a minority ethno-racial group being the Maghrebi (60.4%) followed by the Latin-American (20.1%) the most frequent minority groups. The 81.2% of the minority group were first-generation migrants and 7.5% second generation migrants. The 52.2 % were referred from community services, 18.5% from emergency unit and 29.3% from inpatient unit. At follow up 64.5%, were highly adherent to EIP (> 75% of attended appointments), 16.7% required hospitalization and 11% disengaged. Multi-variate analysis showed that the minority group was 2.19 times more likely to be low adherent [(95% CI 0.78-3.17; p=0.03], 2.89 times more likely to be hospitalised [(95% CI 1.20-6.98); p=0.01], and 4 times more likely to disengage from the EIP [(95% CI 1.35-11.90); p= 0.01] during follow-up than the majority group. No group differences were found in pathways to obtain care or in causes of disengagement.

**Conclusions:** In agreement with previous studies from other countries we found high rates of ethno-racial diversity in the EIP of Reus. In addition, we also found inequalities in the use of services, being minorities more likely to disengage, to be low adherent to the program and at greater risk of hospitalization. On contrary to other studies we did not find significant differences between groups in the source of referral to EIP

**Disclosure of Interest:** None Declared

## Pain

## EPP0163

### Impact of an Internet-Delivered Sound Healing Intervention on Chronic Non-Malignant Pain and Sleep Disturbances in Community Settings

N. Sharma<sup>1</sup>, D. Walker<sup>2\*</sup>, B. S. Prasad<sup>1</sup> and M. Patel<sup>1</sup>

<sup>1</sup>Aarogyam UK CIC, Leicester and <sup>2</sup>Suara Sound Academy, Callington, United Kingdom

\*Corresponding author.

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**Introduction:** Chronic pain patients often contend with insomnia symptoms, creating a reciprocal relationship that adds complexity to their condition. Evaluating interventions targeting insomnia in this population becomes paramount, given the intertwined nature of pain and sleep disturbances.

**Objectives:** This retrospective pretest design aimed to assess the efficacy of an Internet-delivered sound healing intervention in reducing insomnia severity and addressing sleep- and pain-related parameters among individuals with chronic pain.

**Methods:** Conducted as a community-based project, Tuning for Health provided support to individuals grappling with long-term illnesses. The intervention involved the virtual delivery of a specially crafted sound track using tuning forks over a 6-week period, supervised by an experienced therapist and administered weekly for an hour. Participants were instructed to play the track daily at a time convenient for them. A total of 68 participants (mean age 59.3 years) completed the intervention. Outcome measures, including the Insomnia Severity Index (ISI), a sleep diary, and assessments for anxiety, depression, and pain-related parameters, were collected at the end of the 6-week intervention and repeated after a 6-month follow-up. Negative effects were monitored and reported.

**Results:** Significant immediate interaction effects (time by treatment) were observed for the pain severity, ISI and various sleep parameters, such as sleep efficiency, sleep onset latency, early morning awakenings, and wake time after sleep onset. A time effect for anxiety and depression was noted at the 6-month follow-up. The group exhibited highly significant improvements in pain-related parameters. At the 6-month follow-up, sustained enhancements in sleep parameters and mental health were reported, with no reported side effects.

**Conclusions:** These unique results suggest the potential efficacy of sound healing in alleviating chronic pain and associated insomnia. Further research with a larger sample size is warranted to validate these findings. Combining sound healing with other treatments may offer enhanced outcomes for individuals dealing with both chronic pain and comorbid insomnia. This study lays the groundwork for future investigations into the promising intersection of sound healing, chronic pain management, and sleep improvement.

**Disclosure of Interest:** None Declared

## Migration and Mental health of Immigrants

### EPP0164

#### Social Determinants and Mental Health in Newly Arrived Young Migrants in Spain

M. Franch-Roca<sup>1\*</sup>, A. Gabarrell-Pascuet<sup>1,2</sup>, E. Salomon-Mallat<sup>1</sup>, M. Group<sup>1</sup>, J. M. Haro<sup>1,2</sup> and P. Cristóbal-Narváez<sup>1,2</sup>

<sup>1</sup>Research and Development Unit, Institut de Recerca Sant Joan de Déu, Barcelona and <sup>2</sup>Centre for Biomedical Research on Mental Health (CIBERSAM), Madrid, Spain

\*Corresponding author.

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**Introduction:** Research has shown that factors related with the migratory process (such as travelling alone, living away from family, and discrimination after arrival) considerably increase the risk of mental health problems in young migrants. Moreover, they are among the most vulnerable migration groups with a high risk of social exclusion.

**Objectives:** To identify coping strategies and behavioural changes used to deal with perceived discrimination and its impact on the emotional well-being and mental health of newly arrived young migrants in Spain.

**Methods:** A subsample of 15 audio-recorded in-depth qualitative interviews were analysed from the national action-research Migra-salud project (II IN 190517 EN 162 FA 01). The interviews were transcribed, translated from Arabic to Spanish, and analysed through content analysis.

**Results:** Most participants were males (93.3%; n=14), ranging from 18 to 20 years, and from Morocco (93.3%; n=14). All participants were from foster care placements in Barcelona and arrived to Spain as minors. Newly arrived young migrants reported that they perceived themselves as being healthy before the migratory process. Adverse experiences during the journey and discrimination after arrival impacted their well-being and mental health. Specifically, they reported perceived discrimination in their daily life due to culture, language, or origin. This negatively impacted their well-being and mental health, increasing their emotional distress response and 'undervalued or inferior' and 'vulnerable' feelings about themselves. Concerning coping with discrimination, they reported using internalised coping strategies such as 'ignoring' or 'not responding' for fear of having their legal documents revoked or not obtaining them. Their behavioural changes often occurred when they perceived unfair treatment or prejudice towards their migrant status or their socioeconomics, culture or religion. These changes were motivated by being more accepted by the local community by 'westernisation or cultural assimilation' and by 'creating a good image' of oneself and its culture.

**Conclusions:** Findings establish that the cumulative experience of post-migration stressors (such as discrimination) negatively impacts their mental health and well-being in the long term. This suggests the need for specific policies and services to address this population's effects of post-migration risk factors. Further research is needed to explore the causes and effects of perceived discrimination on mental health more closely and to develop more targeted and effective interventions.

**Disclosure of Interest:** None Declared

### EPP0165

#### Mental disorders in internally displaced persons: clinical features, therapy, prevention

N. O. Maruta\*, T. V. Panko, V. Y. Fedchenko, I. O. Yavdak and O. E. Semikina

Borderline psychiatry, "Institute of Neurology, Psychiatry and Narcology of the NAMS of Ukraine" SI, Kharkiv, Ukraine

\*Corresponding author.

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**Introduction:** Military aggression significantly worsens the mental health of the population due to losses: human, economic-financial, social-psychological, ecological. One of the negative consequences of military aggression is migration, the movement of the population within the country and outside its borders, which disrupts adaptation and leads to the formation of a wide range of psychological and mental disorders.